

# EZFit Reimbursement Form

Submit your EZFit reimbursement form by the 5th of the month to be processed and reimbursed between the 15<sup>th</sup> to the 25<sup>th</sup> of that month. Any form received after the 5th of the month will be processed the following month.

**Note: All reimbursements for the calendar year must be submitted by the 5<sup>th</sup> of January.**

Attach a copy of your health club sign-in history showing you visited the wellness club **10** days or more during the month.

Month submitting for: (check one)

Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sep    Oct    Nov    Dec

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_  
(Separate form required for each participant)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Please send to HealthEZ:**

Email: EZFit@healthEZ.com

Fax: 952.896.4888

Mail: HealthEZ

Attn: EZFit

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Suite 100

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